

**APPLICATION FOR  
REPLACEMENT, DUPLICATE OR CORRECTED  
REPRESENTATIVE LICENSE**

**No Fee Required**

*REPORTING CHANGE OF ADDRESS ONLY—Complete reverse side.*

FOR DMV USE ONLY
REPRESENTATIVE NUMBER
DATE ISSUED
DATE EXPIRES

**INSTRUCTIONS:** Mail completed form to: Department of Motor Vehicles, Occupational Licensing Operations, P.O. Box 932342, MS L224, Sacramento, CA 94232-3420.

**1. APPLICANT (Type or Print)**

TRUE FULL NAME AS SHOWN ON YOUR DRIVER LICENSE (PRINT FIRST, MIDDLE, LAST)		TELEPHONE NUMBER (      )	SOCIAL SECURITY NUMBER	
MAILING ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP CODE
RESIDENCE ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP CODE
PHYSICAL DESCRIPTION				
Sex:	Color Hair:	Color Eyes:	Height: Ft.    In.	Weight:    lbs.    Birthdate:
CALIFORNIA DRIVER LICENSE NUMBER		EXPIRATION YEAR	DATE EXPIRES	

**2. EMPLOYER — This information must be the same as Employer's License**


NAME (PRINT FIRST, MIDDLE, LAST)		LICENSE NUMBER		
FIRM NAME (PRINT)	(NUMBER AND STREET)	CITY	STATE	ZIP CODE

**3. REPLACEMENT IS DUE TO: (Check one)**

- ☐ Loss  
☐ Theft  
☐ Mutilation  
☐ Non Receipt of License (due to address change)  
☐ Non Receipt of License (no address change)  
☐ Change of Name (enter **new** name in number 1 above) and give previous name \_\_\_\_\_  
☐ Correction to Name (misspelled)  
☐ Correction to Description

**4. APPLICANT'S CERTIFICATION**

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

EXECUTED AT (CITY, STATE)	ON (DATE)
SIGNATURE 	



**REPRESENTATIVE  
CHANGE OF ADDRESS**

REPRESENTATIVE NUMBER


NAME

**Instructions:**

1. Fill in your Representative License Number in the space at the top of the form.
2. Print your name as it appears on your license.
3. Give employer's name, address and occupational license number as it appears on the license.
4. Complete the form by placing your signature on the bottom line.
5. Write new address on the reverse side of your license.
6. Mail completed report of address change to Department of Motor Vehicles, Licensing Operations Section, P. O. Box 932342, MS L224, Sacramento, CA 94232-3420.

**IMPORTANT — DO NOT** send your license with the report of change of address.

**PLEASE REPORT A CHANGE OF RESIDENCE ADDRESS TO THE DEPARTMENT WITHIN FIVE DAYS.**

NAME (PRINT LAST, FIRST, MIDDLE)	BIRTHDATE
NEW MAILING ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (       )
NEW RESIDENCE ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	
DATE OF ADDRESS CHANGE	SOCIAL SECURITY NUMBER
EMPLOYED BY (FIRM NAME)	OCCUPATIONAL LICENSE NUMBER
ADDRESS (NUMBER AND STREET, CITY, STATE)	
REPRESENTATIVE SIGNATURE 	DATE

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***  
***Applicant Initials*** \_\_\_\_\_